Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Program

First Year Outcomes

OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, is to protect the integrity of the Department of Health and Human Services programs as well as the health and welfare of beneficiaries served by them. This statutory mission is carried out through a nationwide program of audits, investigations, inspections, sanctions, and fraud alerts. The Inspector General informs the Secretary of program and management problems and recommends legislative, regulatory, and operational approaches to correct them.

Office of Evaluation and Inspections

The Office of Evaluation and Inspections (OEI) is one of several components of the Office of Inspector General. It conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The inspection reports provide findings and recommendations on the efficiency, vulnerability, and effectiveness of departmental programs.

OEI's New York regional office prepared this report under the direction of John I. Molnar, Regional Inspector General, and Renee Dunn, Deputy Regional Inspector General. Principal OEI staff included:

PURPOSE

To report on the first year performance of the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program.

BACKGROUND

Congress authorized the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program in the Omnibus Consolidated Appropriation Act of 1997 (P.L. 104-208) in order to further curb losses to the Medicare program. The Senate Committee believed that retired professionals, with appropriate training, could serve as educators and as resources to assist Medicare beneficiaries and others to detect and report fraud, waste, and abuse. To fund this program, the Senate Report (104-368) directed that $2 million be transferred to the Administration on Aging (AoA) from the Health Care Financing Administration's research and demonstration budget. In May of 1997, AoA awarded grants to 12 organizations.

The Senate Report also directed AoA to consult with the Office of Inspector General (OIG) and the General Accounting Office to assess the performance of the program. In response, the OIG developed performance measures with the assistance of the 12 projects. This report is based on performance data reported by the projects for the first year of the program. These data are self-reported and were not independently verified.

FINDINGS

Recruiting and Training

The 12 projects recruited and trained a substantial number of individuals as Medicare educators and resources, although not all were retired professionals. In the first year, the projects collectively recruited and trained 3,682 trainers, at least 1,738 (47 percent) of whom were retired professionals.

Educating Seniors

The projects educated a large number of seniors about Medicare fraud. In total, the projects reported training nearly 41,800 Medicare beneficiaries and family members to detect and report suspected cases of health care fraud, waste, and abuse.

Community Awareness

The projects conducted other types of anti-fraud activities, making many in the community aware of Medicare fraud. The 12 projects generated a total of 386 public service announcements that reached an estimated 44 million individuals in the first year of the program. The projects also reported conducting 877 community education events that informed an estimated 263,000 seniors and members of the community.

Identified Referrals

The projects identified instances of potential fraud, waste, and abuse. As a result of their outreach activities, the projects received a total of 657 allegations of fraud, waste, or abuse that were referred to Medicare contractors or investigative agencies. Eighty-eight have been identified as potential overpayments. Four projects estimated that as much as $1.16 million in Medicare funds may be recouped. The remaining eight projects were not able to identify any potential Medicare savings, perhaps because of the recency of some of the referrals or the difficulty of tracking these outcomes.

Range of Outcomes

The projects produced a wide range of outcomes in the first year. Several projects trained fewer than 40 seniors, whereas one project trained greater than 1,700 individuals. The number of allegations also varied, ranging from 1 to 200. These outcomes did not appear to be associated with the type of organization. Rather, grantees representing all three types of organizations including area agencies on aging, State units on aging, and private aging organizations, achieved results.

CONCLUSION

First year performance data reported by the 12 projects show that the projects recruited and trained volunteers, educated Medicare beneficiaries, and identified instances of potential fraud, waste, and abuse. The data also indicate that the individual projects had very different experiences which suggests that they adopted different approaches to recruiting and training volunteers or that some had slower starts than others.

Before a new round of grants is awarded, it is important to learn from projects' experiences. Such information will assist AoA in providing guidance to current and future projects and will improve performance and ensure quality outcomes. To do this, we will conduct an inspection that will identify and describe key implementation issues including what problems projects face and what practices work best. The report will also focus on curricula for training trainers, best practices for tracking trainers' activities and fraud allegations, and efforts to document outcomes.

Additionally, AoA needs to clarify guidance to projects about the extent to which they should focus their efforts on recruiting and training retired professionals and on investing time and resources in broader community education activities.

T A B L E O F C O N T E N T S

INTRODUCTION

PURPOSE

To report on the first year performance of the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program.

BACKGROUND

Congress authorized the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program in the Omnibus Consolidated Appropriation Act of 1997 (P.L. 104-208) in order to bring more resources to bear on the effort to curb losses to the Medicare program. The Senate Committee believed that thousands of retired accountants, health professionals, investigators, teachers, and others could serve as community volunteers in this effort. More specifically, these retired professionals, with appropriate training, could serve as Medicare educators and as resources to assist Medicare beneficiaries and others to detect and report fraud, waste, and abuse.[1] Because the language for this program was introduced by Senator Tom Harkin of Iowa, these grants are commonly referred to as "Harkin Projects."

To fund this program, the Senate Report (104-368) directed that $2 million be transferred to the Administration on Aging (AoA) from the Health Care Financing Administration's research and demonstration budget. In May of 1997, AoA awarded funds to 12 organizations including two area agencies on aging, six State units on aging, and four private aging organizations. (See Appendix A for selected characteristics of the projects.) These grants were awarded to different types of organizations to examine whether various approaches were successful in recruiting and training volunteers to educate seniors about Medicare fraud. This report assesses the performance of these 12 projects for the first year of the program.

As of October 1998, the program was expanded. Under Title IV of the Older Americans Act in the FY99 Omnibus Appropriations bill, funding for the program was increased to $7 million, making the demonstration program a national effort and significantly extending the scope of the program.

---

[1]The Health Care Financing Administration (HCFA) defines fraud as an intentional deception or misrepresentation that could result in payment of an unauthorized Medicare benefit. HCFA defines abuse as a provider practice that directly or indirectly results in unnecessary costs to Medicare or improper reimbursement.

Performance Measures

The Senate Report also directed AoA to consult with the Office of Inspector General (OIG) and the General Accounting Office to assist them in implementing the program and in developing outcome measures to assess the performance of the projects. In response, the OIG developed performance measures with the assistance of the 12 projects. As presented in the report *Health Care Anti-Fraud Volunteer Project Performance Measures* OEI-02-97-00520, OIG staff reviewed the approved grantee applications and created a logic model. This model and proposed performance measures were shared with each of the projects and the measures were revised with their assistance. These measures are listed in Appendix B and include:

- ▸ the number of volunteers trained,
- ▸ the number of educational sessions led by the trainers,
- ▸ the number of Medicare beneficiaries educated,
- ▸ the number of referrals, cases, and recoveries attributable to the project

In this earlier report, project directors also highlighted several problems they faced in implementing their program plans. Specifically, they reported difficulty in limiting their recruitment to retired professionals, as intended, because non-professionals also presented a willingness to volunteer. They also noted that they were recruiting individuals to be trainers within the existing network, as well as outside this network. Discussions further revealed that projects were at very different stages of implementation.

To provide ongoing information about the project, the OIG asked each of the projects to provide data on the agreed upon performance measures on the 12, 18, 24, and 30 month anniversary of the initial grant. At the request of AoA, the OIG will prepare a report analyzing the data for each reporting period. This inspection covers the first year of the program and is the first in a series of reports.

Other Anti-Fraud Outreach Initiatives

The AoA has received funding for another community-based initiative with a similar purpose, combating fraud, waste, and abuse in the Medicare and Medicaid programs. Under the Health Insurance Portability and Accountability Act (HIPAA), AoA awarded anti-fraud and abuse grants to 18 State agencies. In addition to funding outreach training for aging network staff, these "HIPAA grants" support public awareness campaigns and the development of training manuals and Internet websites, among other activities.

Another initiative sponsored by the Department of Health and Human Services (HHS) seeks to educate a broader audience of Medicare beneficiaries about health care fraud. The OIG, in partnership with AoA, the Health Care Financing Administration (HCFA), the Department of Justice, and the American Association of Retired Persons, is planning a nationwide Medicare fraud outreach campaign in February 1999. This campaign will use mass media to encourage Medicare beneficiaries to review their "Explanation of Medicare Benefits" to identify possible instances of fraud or abuse and to report them to the OIG Hotline.

Complementing these efforts, HHS is also implementing the Incentive Program for Fraud and Abuse Information. Beginning in January 1999, this program will reward Medicare beneficiaries and others who report fraud and abuse in the Medicare program if their information leads directly to the recovery of money for fraudulent activity not already under investigation. Beneficiaries may gain a reward of up to $1,000, or 10 percent of the recovered funds.

METHODOLOGY

This report was conducted in two phases. In the first phase, OIG staff pre-tested the performance measures that were developed with the 12 grantees. To do this, staff asked each of the grantees to provide performance data for the time period covering July 1, 1997 through either April or May of 1998. The grantees were also asked to comment on the availability of these data and the workability of the definitions. As a result of the pre-test, the performance measures were further revised.

In the second phase, OIG staff asked the 12 grantees to provide data on the agreed upon performance measures for the first year of the program. This time period covered July 1, 1997 through June 30, 1998. The findings in this report are based on these data.

This inspection was conducted in accordance with the **Quality Standards for Inspections** issued by the President's Council on Integrity and Efficiency.

Limitations

It is important to note that the findings in this report are based on self-reported data that were not independently verified.   Furthermore, note that outcome findings gauge the extent to which the program is achieving its intended goals; they do not provide information about the quality of these outcomes nor the implementation of the program. Qualitative data and analyses on inputs, processes, outputs, and outcomes are needed to better understand these issues.
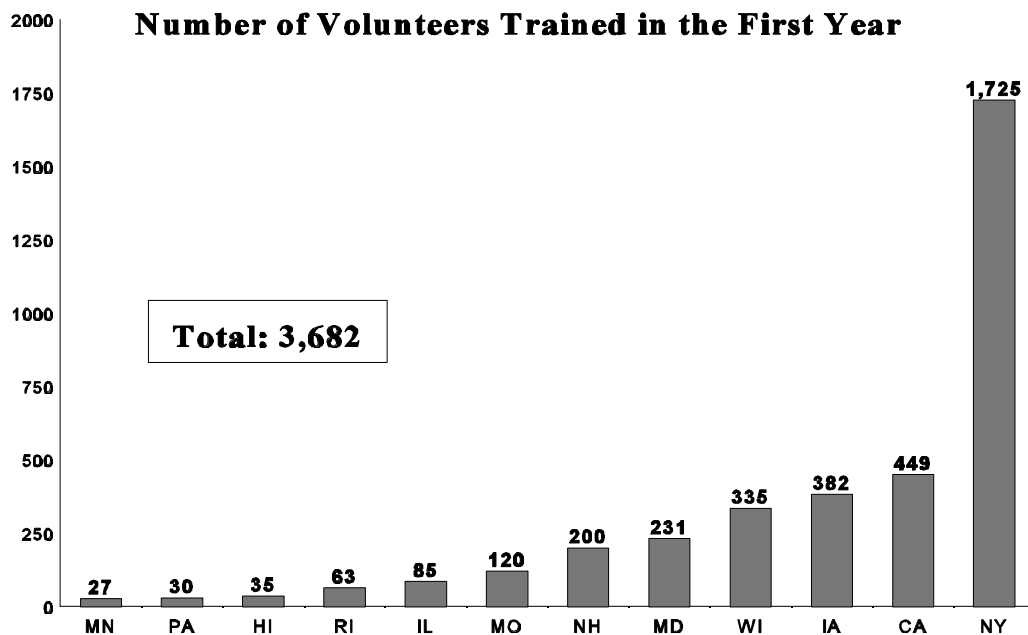
FINDINGS

First year performance data reported by the 12 projects show that they recruited and trained volunteers, educated Medicare beneficiaries, and identified instances of potential fraud, waste, and abuse. The data also indicate that the individual projects had very different experiences which suggests that they adopted different approaches to recruiting and training volunteers or that some had slower starts than others.

Recruiting and Training

The 12 projects recruited and trained a substantial number of individuals as Medicare educators and resources, although not all were retired professionals.

In the first year, the demonstration projects reported collectively recruiting and training a total of 3,682 trainers, at least 1,738 (47 percent) of whom were retired professionals. (See Figure 1.)

Figure 1

Number of Volunteers Trained in the First Year

Total: 3,682

State	Value
MN	27
PA	30
HI	35
RI	63
IL	85
MO	120
NH	200
MD	231
WI	335
IA	382
CA	449
NY	1,725

Note: Each grantee does not necessarily serve the entire State.
See Appendix A for the full name of each grantee.

Source: OEI Survey, 1998.

Seven projects reported training more than 100 trainers each, whereas five programs trained between 27 and 85 trainers. The New York State Unit on Aging trained more individuals than any other project, over 1,700 or nearly half of the total number trained by all projects.[2] (See Appendix C for more detailed data by project.)

Additionally, projects did not train only retired professionals. Project directors explained that others also volunteered and that they believed that limiting training to retired professionals was inconsistent with the larger goals of the Older Americans Act. Also, guidance from AoA on this objective was somewhat unclear.

Educating Seniors

The projects educated a large number of seniors about Medicare fraud.

In total, the 12 projects reported educating nearly 41,800 Medicare beneficiaries and family members to detect and report suspected cases of health care fraud and abuse. (See Figure 2.)
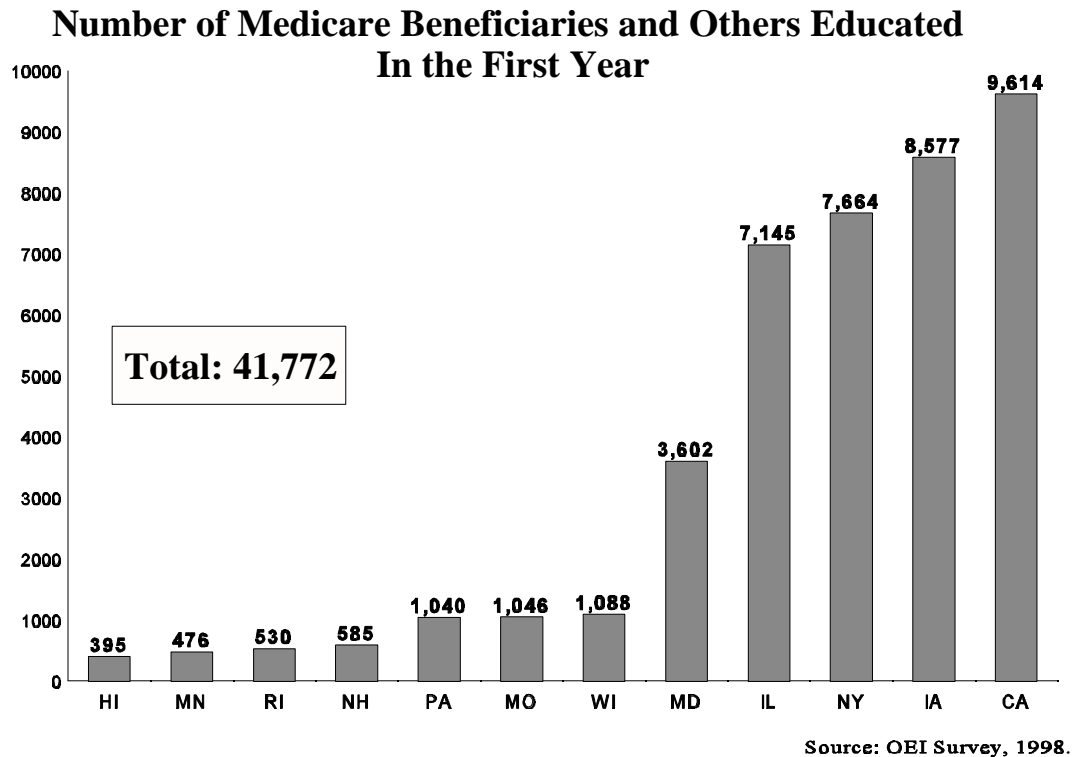
The 12 projects typically conducted two types of training: group and one-on-one. Overall, trainers led a total of 1,321 group sessions that reached about 40,365 seniors and others. Most of the projects also conducted one-on-one training, perhaps taking advantage of the existing network of aging staff, to reach another 1,407 individuals. The projects emphasized one-on-one training to different degrees. Five projects informed fewer than 15 beneficiaries one-on-one, whereas four projects each met with more than 150 seniors and family members in this manner.

On average, however, trainers conducted relatively few sessions in the first year. In almost every project, trainers conducted an average of less than one session each. This finding suggests that most projects had not fully implemented their program and that trainers were just beginning to conduct sessions to educate seniors. Across all projects, each training session included an average of about 30 seniors and others. This points to the potential of the program to reach many more Medicare beneficiaries in the near future.

---

[2]   The New York State Unit on Aging also received a grant under the Health Insurance Portability and Accountability Act (HIPAA) that was used to support these same anti-fraud activities.

Figure 2

Number of Medicare Beneficiaries and Others Educated In the First Year

Total: 41,772

| HI | MN | RI | NH | PA | MO | WI | MD | IL | NY | IA | CA |
| 395 | 476 | 530 | 585 | 1,040 | 1,046 | 1,088 | 3,602 | 7,145 | 7,664 | 8,577 | 9,614 |

Source: OEI Survey, 1998.

Community Awareness

The projects conducted other types of anti-fraud activities, making many in the community aware of Medicare fraud.

Collectively, the 12 projects generated 386 public service announcements that reached an estimated 44 million individuals in the first year of the program. The projects also conducted 877 community education events that informed an estimated 263,000 seniors and members of the community about Medicare fraud. Most projects reported doing both types of activities, running a median of 19 public service announcements and 35 community education events.

Identified Referrals

The projects identified instances of potential fraud, waste, and abuse.

As a result of their outreach activities, the projects received a total of 657 allegations of fraud, waste, or abuse. These allegations were referred to Medicare contractors, Medicaid Fraud Control Units, State Attorney Generals, or the Office of Inspector General. The number of allegations differed by project, ranging from less than 5 in two projects to greater than 140 in two other projects. Of all allegations reported by the projects, 88 have been identified as potential overpayments which represent about 13 percent of all allegations.

Based on these allegations, the projects estimated that as much as $1.16 million in Medicare funds may be recouped. Four projects also reported referrals, amounting to another $39,000 in funds to other State and Federal programs. (Note that the inspection team did not verify the reported savings. We will seek to document these numbers in our next inspection on implementation issues.) Eight projects were not able to identify any potential Medicare savings. This may be partly due to the recency of some of the referrals they made to investigative agencies which often take six to eight months to resolve complaints. In addition, it is unclear how projects track outcomes of complaints made directly to Medicare contractors and to the OIG Hotline. Also, some projects seem to have been in earlier stages of developing a tracking system and may have had more difficulty reporting these outcomes.

Range of Outcomes

The projects produced a wide range of outcomes in the first year.

Outcomes varied among the 12 projects. Specifically, several projects trained fewer than 40 seniors, whereas one project trained more than 1,700 individuals. The projects also educated different numbers of Medicare beneficiaries, ranging from less than 600 in several projects to greater than 7,000 in four projects. Productivity, measured in terms of the number of Medicare beneficiaries and others educated per trainer, also ranged widely. In one project, a trainer educated an average of 83 individuals. Trainers in other projects, however, informed less than four beneficiaries per person. Further, fraud and abuse results differed. The number of allegations, for example, ranged from 1 to 200. More specifically, five programs produced fewer than 20 allegations, whereas two projects reported greater than 100 allegations.

Differences in outputs and outcomes may be partly due to projects adopting different approaches and being at varying stages of implementation. For example, projects took different approaches to training trainers. Projects that conducted several days of instruction often trained a relatively small number of individuals. In contrast, projects that offered only a few hours of training typically trained a large number of seniors. These

))))))))))

approaches may have had different effects on the quantity and also the quality of trainers. In addition, some projects had start up problems. Administrative issues with host agencies or difficulty recruiting staff delayed training and resulted in some projects training fewer trainers.

Variations in how the projects designed their complaint receipt and referral system may have also contributed to differences between projects' outcomes. Specifically, in the first year, some projects fielded complaints directly using their own toll-free numbers and staff. Other projects asked beneficiaries to call the OIG Hotline, the Medicare contractor, or the State Medicaid Fraud Control Unit directly. These differences have implications for how well a project was able to track the number of allegations and the amount of money that was recouped due to their efforts.

Type of Organization

Outcomes did not appear to be associated with the type of organization, suggesting that different types of grantees can be successful.

Different types of organizations were funded to support Congress' desire to test various approaches to training volunteers and educating Medicare beneficiaries to combat health care fraud and abuse. Specifically, the grantees that received funding included two area agencies on aging, six State units on aging, and four private aging organizations. As noted, the grantees produced a wide range of results. No one type of organization consistently produced better results on these performance measures than another. Moreover, no pattern by type of organization was discernible.

From another perspective, grantees representing all three types of organizations achieved results. Projects of all three types of organizations were successful in recruiting and training volunteers, each training over 100 individuals. Similarly, grantees representing all three types of organizations educated a large number of Medicare beneficiaries and others, over 7,000 each.

Several differences, however, were evident between organizations that served the entire State population and those that served a more limited geographical area. Specifically, statewide organizations trained more volunteers but educated fewer beneficiaries, compared to regional organizations. The six statewide grantees trained a median of 268 trainers who educated a median of 842 individuals. In contrast, the six regional grantees trained a median of 103 volunteers who educated over 2,320 Medicare beneficiaries and others. Thus, regional organizations seemed to have been able to implement their plans more efficiently in the first year than programs that covered a larger area; they trained volunteers more quickly who were then able to train a larger number of seniors.

Project Spending

The 12 demonstration projects spent a total of about $1 million in Federal grant money in the first year, about half of the total funds awarded.

The projects were awarded about $2 million in Federal grant money which they often combined with funds from other sources. The Federal funds were divided between the individual projects, with each grantee receiving between $100,000 and $188,000. As shown in Appendix C, the projects spent very different amounts of these funds in the first year. Most projects expended less than $100,000 each, which ranged from 16 percent to 50 percent of their allotted funds. Only four projects spent greater than $100,000, which in three of the projects, amounted to almost all of their funds. Despite these differences, most projects spent at least 75 percent of their Federal grant money on recruiting, training, and supporting trainers.

CONCLUSION

First year performance data reported by the 12 projects show that they recruited and trained volunteers, educated Medicare beneficiaries, and identified instances of potential fraud, waste, and abuse. The data also indicate that the individual projects had very different experiences. These findings suggest that the projects adopted different approaches to recruiting and training volunteers or that some had slower starts than others.

Before a new round of grants is awarded, it is important to learn from projects' experiences and to explore which practices work best. Such information will assist AoA in providing guidance to current and future projects and will improve performance and ensure quality outcomes. To do this, we will conduct an inspection that will identify and describe key implementation issues. These issues will include: what problems projects face in implementing their plans; what solutions they develop to overcome these barriers; which types of projects are most successful; and which practices work best. The report will also focus on curricula for training trainers, best practices for tracking trainers' activities and fraud allegations, and efforts to document outcomes.

Additionally, AoA needs to clarify guidance to projects about the extent to which they should focus their efforts on recruiting and training retired professionals and on investing time and resources in broader community education activities.

Selected Project Characteristics

PROJECT	Total Proposed $ (x1000)	Total Proposed Federal $ (x1000)	Statewide coverage	Type State	of Private	Org. Local
Aging 2000 Providence, R.I.	146	107	X		X	
NH SUA Concord, N.H.	259	187	X	X		
NY SUA Albany, N.Y.	250	188	X	X		
CARIE Philadelphia, PA	260	188			X	
MD SUA Baltimore, MD	240	180		X		
Suburban AAA Oak Park, IL	251	188				X
CWAG Madison, WI	173	127	X		X	
MN SUA St. Paul, MN	239	178		X		
IA SUA Des Moines, IA	349	187		X		
Dist 3 AAA Warrensburg , MO	158	117				X
CHA San Mateo, CA	289	188	X		X	
HI SUA Honolulu, HI	141	100	X	X		
TOTAL	2,755	1,935	6	6	4	2

Performance Measures

	INPUTS:
1	**$ spent on recruiting retired professional**
2	**$ spent on recruiting others**
3	**$ spent on training retired professionals**
4	**$ spent on training others**
5	**$ spent to support retired professionals**
6	**$ spent to support others**
7	**$ spent on community education activities**
8	**$ spent on tracking system**
	OUTPUTS:
9	**# of retired professional trained**
10	**# of other people trained**
11	**# of public service announcements**
12	**# of community education activities**
	OUTCOMES:
13	**# of group sessions for beneficiaries led by retired professionals**
14	**# of group session for beneficiaries led by others**
15	**# of beneficiaries who attended sessions led by retired professionals**
16	**# of beneficiaries who attended sessions led by others**
17	**# of one-on-one encounters led by retired professionals**
18	**# of one-on-one encounters led by others**
19	**estimated # of people reached by media hits**
20	**estimated # of people reached by community education**
21	**# of referrals attributable to the project**
22	**# of cases attributable to the project**
23	**Medicare $ recouped attributable to the project**
24	**other $ recouped attributable to the project**

Definitions

RETIRED PROFESSIONAL   These are retired individuals who were professionals (e.g.; teachers, lawyers, doctors, accountants, etc.), who are new volunteers to the aging network, and who are trained to help beneficiaries identify Medicare fraud.

OTHERS   These are any other individuals who are trained to help beneficiaries identify Medicare fraud.

RECRUITING   Any effort to get individuals to take the training to become a trainer.

TRAINING   The process of training the trainer.

SUPPORT   Any activity to help the trainers, such as transportation, renting space, printing material, and telecommunications**.**

COMMUNITY EDUCATION   Any training, outreach, or education activity not directed at the trainers nor specifically in support of the trainers. It is geared to a broad audience.

TRACKING SYSTEM   The process of receiving, referring, and monitoring complaints.

TRAINED   Completed training to conduct group or one-on-one beneficiary education.

PUBLIC SERVICE ANNOUNCEMENT   Any individual airing or publishing of media (print or electronic) to educate beneficiaries and their families about Medicare fraud. (If it is geared to trainers it is recruiting.)

COMMUNITY EDUCATION ACTIVITIES   Any beneficiary education activity not given by trainers or counted as public service announcements.

GROUP SESSIONS   Medicare fraud education sessions for beneficiaries and their families led by trainers.

Definitions

ATTENDED The total number of individuals who attend the education sessions.

ONE-ON-ONE ENCOUNTER Sessions led by trainers for an individual beneficiary and/or his or her family.

REFERRALS Complaints deemed worthy of referring to an investigative agency.

CASES Referrals successfully closed by an investigative agency. e.g.; conviction, judgement, plea.

$ RECOUPED Funds returned to the Medicare Trust Fund.

First Year Outcomes for the Projects[1]

State	RI	IL	PA	MD	CA	MO	MN	IA	HI	WI	NY	NH	TOTAL
Projects	Aging 2000	Sub.AAA	CARIE	MD SUA	CHA	Dist 3 AAA	MN SUA	IA SUA	HI SUA	CWAG	NY SUA	NH SUA	
$ recruiting retired prof	15,000	31,960	1,000	1,727	14,400	7,967	25,317	0	4,737	0	13,708	4,500	120,316
$ recruiting others	0	11,280	100	2,515	17,500	7,816	2,061	26,849	2,368	16,000	22,284	900	109,673
$ training retired prof	29,000	41,360	22,000	1,657	67,600	10,500	4,479	0	4,737	0	13,145	2,250	196,728
$ training others	14,000	13,160	8,000	2,086	12,800	6,821	1,217	3,922	0	18,400	27,455	11,250	119,111
$ support retired prof	11,000	35,720	1,000	2,805	10,200	8,963	6,170	0	1,597	0	6,273	2,250	85,978
$ support others	0	15,040	600	2,559	24,000	5,713	315	22,379	0	21,900	2,800	13,500	108,806
$ community education	24,000	20,680	1,000	16,495	12,400	7,171	44,028	0	2,368	0	25,925	9,000	163,067
$ tracking system	14,000	18,800	9,000	2,766	24,500	3,833	200	675	0	150	1,301	1,350	76,575
total $ spent	107,000	188,000	42,700	32,610	183,400	58,784	83,787	53,825	15,807	56,450	112,891	45,000	980,254
# retired prof trained	23	68	20	56	399	32	17	0	35	0	1,053	35	1,738
# of others trained	40	17	10	175	50	88	10	382	0	335	672	165	1,944
total # of people trained	63	85	30	231	449	120	27	382	35	335	1,725	200	3,682
# public service announce	19	19	10	54	21	17	109	80	0	0	55	2	386
# community education	7	35	60	81	181	16	34	0	6	60	393	4	877
# group sessions by prof	24	170	30	54	126	12	6	0	2	35	209	0	668
# group sessions by others	5	0	15	208	55	13	11	238	4	21	61	22	653
total # sessions	29	170	45	262	181	25	17	238	6	56	270	22	1,321
# of benes at ses. by prof	475	7,074	650	461	4,234	296	83	0	40	638	6,024	0	19,975
# of benes at ses. by others	55	0	350	2,869	5,203	541	390	8,522	355	440	1,080	585	20,390
total # of benes at sessions	530	7,074	1,000	3,330	9,437	837	473	8,522	395	1,078	7,104	585	40,365
# of 1-on-1 by retired prof	0	71	25	28	107	74	0	0	0	10	412	0	727
# of 1-on-1 by others	0	0	15	244	70	135	3	55	0	0	148	10	680
total of 1-on-1	0	71	40	272	177	209	3	55	0	10	560	10	1,407
total of benes educated	530	7,145	1,040	3,602	9,614	1,046	476	8,577	395	1,088	7,664	595	41,772
est. # of people by media hits	1,175,000	1,770,797	500	10,000	1,500,000	50,000	194,000	38,812,650	0	75,000	462,400	15,300	44,065,647
est # of people by com educ.	540	4,185	1,000	90,500	23,437	50,000	5,000	0	390	10,000	77,292	600	262,944
# of referrals	11	16	30	51	142	200	4	60	1	10	59	73	657
# of cases	0	0	0	13	53	0	0	2	0	8	12	0	88
Medicare $ recouped	0	0	0	4,897	22,000	0	0	1,137,740	0	0	75	0	1,164,712
Other $ recouped	0	0	0	2,000	0	35,000	0	1,266	0	620	0	0	38,886
Total $ recouped	0	0	0	6,897	22,000	35,000	0	1,139,006	0	620	75	0	1,203,598

[1] Italicized zeros indicate grantees were unable to provide specific data.